

For Use in Reporting Circumstances in 460 IAC 1.2-8-2 and/or DA Policy and Procedure

**SECTION I - CONSUMER INFORMATION (Subject #1)**

SSN: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
DOB: \_\_\_\_\_ COUNTY: \_\_\_\_\_ GENDER: \_\_\_\_\_

PRIMARY FUNDING SOURCE: ☐ A&D Waiver ☐ TBI Waiver ☐ MFP

**INDICATE WHICH OF THE FOLLOWING AGENCIES AND INDIVIDUALS HAVE BEEN INFORMED:**

HCBS PROVIDER?	<input type="checkbox"/> YES <input type="checkbox"/> N/A	LEGAL GUARDIAN?	<input type="checkbox"/> YES <input type="checkbox"/> N/A	NAME	DATE
		AAA?	<input type="checkbox"/> YES <input type="checkbox"/> N/A	NAME	DATE
OTHER PROVIDER?	<input type="checkbox"/> YES <input type="checkbox"/> N/A	CASE MANAGER?	<input type="checkbox"/> YES <input type="checkbox"/> N/A	NAME	DATE
		QMRP?	<input type="checkbox"/> YES <input type="checkbox"/> N/A	NAME	DATE
		APS/CPS?	<input type="checkbox"/> YES <input type="checkbox"/> N/A	NAME	DATE
		COUNTY	PHONE	METHOD	
		CORONER?	<input type="checkbox"/> YES <input type="checkbox"/> N/A	NAME	DATE
		POLICE?	<input type="checkbox"/> YES <input type="checkbox"/> N/A		DATE

**HCBS PROVIDER INFORMATION (Providing Services at the Time of Incident, If Applicable)**

HCBS PROVIDER AGENCY:

INDIVIDUAL PROVIDING SERVICES AT TIME OF INCIDENT:

**SECTION II - REPORTING PERSON and REPORTING AGENCY**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_ PHONE: \_\_\_\_\_ EXTENSION: \_\_\_\_\_  
DATE REPORT SUBMITTED: \_\_\_\_\_ REPORTING AGENCY: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

**SECTION III - INCIDENT INFORMATION****INCIDENT****DATE****TIME**

WHERE OCCURRED:

☐ AFC ☐ COMMUNITY HAB ☐ COMMUNITY JOB ☐ FAC. HAB. (ADC, ADL) ☐ HOME, AL ☐ HOME, FAMILY  
☐ HOME, OWN ☐ HOSPITAL ☐ LP-ICF/MR ☐ NF ☐ SCHOOL ☐ SDC/SOF ☐ SGL ☐ WORKSHOP  
☐ OTHER (Explain) \_\_\_\_\_

INCIDENT INITIAL REPORT(STANDARD) - Confidential

As Reported in Section 1 - Consumer information (Subject #1) - Confidential

Consumer Name:  
SSN:

Incident Date:  
Incident Time:

NARRATIVE: DETAILS - STANDARD

Describe the injury, condition or circumstance of the incident and the activities taking place immediately prior to the incident. Identify all participants and their involvement in the incident. Please be comprehensive but concise in explaining who, when, where, why, how and what was heard and/or observed.

Plan to Resolve (Immediate and Long Term).

**INCIDENT INITIAL REPORT(DEATH) - Confidential**Is this incident regarding the death of this consumer? ☐ YES ☐ NO**As Reported in Section 1 - Consumer Information (Subject #1)**

Name: \_\_\_\_\_

Incident Date: \_\_\_\_\_

SSN: \_\_\_\_\_

Incident Time: \_\_\_\_\_

**NARRATIVE: DETAILS - DEATH****Please include the following DEATH information:****1. Date of Death:****Time of Death:****2. Place of Death:**☐ AFC☐ DAY SERVICES / ADC☐ JAIL / PRISON☐ SDC / SOF☐ HOME, OTHER(FAMILY, FRIEND, ETC.)☐ LP ICF / MR☐ SGL / GROUP HOME☐ HOME, OWN(HOUSE, APT, ETC.)☐ NURSING FACILITY☐ SHELTER WORKSHOP☐ HOSPITAL☐ SCHOOL☐ WORK SETTING☐ OTHER SETTING(EXPLAIN / DESCRIBE)**3. What was the setting if in NF less than 90 days:****4. Circumstances immediately preceding the death, IF KNOWN:****5. Circumstances immediately following the death or discovery of the death, IF KNOWN:****6. Describe all life-saving measures, IF ANY WERE APPLICABLE, that were attempted at the time of death (i.e., CPR administered, 911 called, transported to hospital, etc.), IF KNOWN:****7. If no life-saving measures were taken, please explain why not (i.e., was there a no-code status, do not resuscitate (DNR) order, etc.), IF KNOWN:****8. Was the individual admitted into a nursing facility within 30 days of the date of death?** ☐ YES ☐ NO**9. Was the individual discharged from a nursing facility within 30 days of the date of death?** ☐ YES ☐ NO**10. Was the death of the individual expected?** ☐ YES ☐ NO**11. Was there a DNR status?** ☐ YES ☐ NO ☐ NOT KNOWN**12. What is the preliminary cause of death?****13. Description of the event(s) surrounding this death is as follows:**